

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 032

Primary Registration District No. 4042

Registrar's No. 57

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, give TOWNSHIP only)

LUTESVILLE  
BRUNOT, MO.

Length of stay in 1b

3 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BOND NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO. b. COUNTY

WAYNE

c. CITY  
OR  
TOWN

BRUNOT, MO.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

LUTESVILLE, MO.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

RUTH

ALICE

BROOKS

4. DATE  
OF  
DEATH

Month

Day

Year

JULY

20

1963

5. SEX

FEMININE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUGUST 80

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

PATTERSON, MO.

12. CITIZEN OF WHAT COUNTRY

UNITED STATES

13a. FATHER'S NAME

ISAAC L. BROOKS

13b. MOTHER'S MAIDEN NAME

ROWENA THORNBURGH

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

FRED E. BROOKS

Address

22 MARSHALL DR.  
CREVE COEUR, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive heart failure

DUE TO (b)

Arteriosclerotic heart dx

DUE TO (c)

Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

5-7-63 to 7-20-63 and last saw her alive on 7-20-63  
2:00 10:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

NORMAN W. BISH PIEDMONT, MO.

7/30/63 Mrs Buford Crader

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Morgan E. Bowler

Licensed Embalmer No. 4426

P. O. Address Redmont, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.